


07-11-06

PTO/SB/21 (09-04)

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Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 TRANSMITTAL FORM (Use this form for all correspondence after initial filing)		Application Number	09/975,518
		Filing Date	October 11, 2001
		First Named Inventor	Samir Kapoor et al.
		Art Unit	2661
		Examiner Name	Robert W. Wilson
		Attorney Docket Number	11722US02
Total Number of Pages in This Submission			
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	James H. Williams	Registration No. (Attorney/Agent)	56,883
Signature	<i>James H. Williams</i>		Date: July 10, 2006
EXPRESS MAIL DEPOSIT			
"Express Mail" mailing label number : EV 726843572 US			
Date of Deposit July 10, 2006.			

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FEE TRANSMITTAL for FY 2006		<i>Complete if Known</i>																																		
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2661																																	
		Attorney Docket No.	11722US02																																	
TOTAL AMOUNT OF PAYMENT (\$) 180.00																																				
METHOD OF PAYMENT (check all that apply)																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																				
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																																				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																				
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																				
	FILING FEES		SEARCH FEES		EXAMINATION FEES																															
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																													
Utility	300	150	500	250	200	100																														
Design	200	100	100	50	130	65																														
Plant	200	100	300	150	160	80																														
Reissue	300	150	500	250	600	300																														
Provisional	200	100	0	0	0	0																														
2. EXCESS CLAIM FEES							Small Entity																													
Fee Description							Fee (\$)																													
Each claim over 20 (including Reissues)							50																													
Each independent claim over 3 (including Reissues)							200																													
Multiple dependent claims							360																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><u>Total Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ -20 or HP</td> <td>_____ x _____</td> <td>= _____</td> <td></td> </tr> <tr> <td colspan="4"> HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: left;"><u>Indep. Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ -3 or HP</td> <td>_____ x _____</td> <td>= _____</td> <td></td> </tr> <tr> <td colspan="4"> HP = highest number of independent claims paid for, if greater than 3 </td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ -20 or HP	_____ x _____	= _____		HP = highest number of total claims paid for, if greater than 20				<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ -3 or HP	_____ x _____	= _____		HP = highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><u>Fee</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		<u>Fee</u>	<u>Fee Paid (\$)</u>	_____	_____
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																	
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<u>Fee</u>	<u>Fee Paid (\$)</u>																																			
_____	_____																																			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)																															
_____ -100	_____ /50	_____ (round up to a whole number)		x _____	= _____																															
4. OTHER FEE(S)							Fee Paid (\$)																													
Non-English Specification, \$130 fee (no small entity discount)							_____																													
Other (e.g., late filing surcharge): Fee set forth in 37 C.F.R. 1.17(p)							\$180.00																													
SUBMITTED BY																																				
Signature	<u>James H. Williams</u>			Registration No. (Attorney/Agent)	56,883	Telephone	(312) 775-8000																													
Name (print/type)	James H. Williams			Date	July 10, 2006																															



UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 11722US02)

In the Application of:

Samir Kapoor et al.

Serial No. 09/975,518

Filed: October 11, 2001

For: Method and Apparatus for
Interference Suppression in
Orthogonal Frequency Division
Multiplexed (OFDM) Wireless
Communication Systems

Examiner: Robert W. Wilson

Group Art Unit: 2661

EXPRESS MAIL:

EV 726843572 US

DATE:

July 10, 2006

INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sirs:

Pursuant to 37 C.F.R. § 1.97-1.98 and in compliance with the duty of disclosure set forth in 37 C.F.R. § 1.56, it is respectfully requested that the following references be considered in the examination of the above-identified patent application:

<u>U.S. Patent No.</u>	<u>Date</u>	<u>Name</u>
5,260,968	11-09-1993	Gardner et al.
5,726,978	03-10-1998	Fordigh et al.
5,771,024	06-23-1998	Reece et al.
5,784,363	07-21-1998	Engstrom et al.
5,844,951	12-01-1998	Proakis et al.
5,933,421	08-03-1999	Alamouti et al.

07/12/2006 HDETA1 00000074 130017 09975518
01 FC:1806 180.00 DA

5,983,078	11-09-1999	Bossard
6,075,777	06-13-2000	Agrawal et al.
6,122,260	09-19-2000	Liu et al.
6,148,023	11-14-2000	Pelin et al.
6,347,234	02-12-2002	Scherzer
6,347,237	02-12-2002	Eden et al.
6,466,557	10-15-2002	Doi
6,999,772	02-14-2006	Song et al.

The above-identified references are listed on the attached Form PTO/SB/08a. This submission is in no way intended as an admission that the above-cited references constitute prior art. Applicant expressly retains the right to take any actions necessary to remove the above-cited references from the available prior art. Consideration of the above-identified references in the examination of the present patent application is respectfully requested.

The Commissioner is hereby authorized to charge the \$180.00 fee set forth in 37 C.F.R. 1.17 (p) to the Deposit Account of McAndrews, Held & Malloy, No. 13-0017. Additionally, the Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Account No. 13-0017.

Respectfully submitted,

July 10, 2006
Date

James H. Williams
James H. Williams
Registration No. 56,883

MCANDREWS, HELD & MALLOY, LTD.
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	09/975,518
Filing Date	10/11/2001
First Named Inventor	Samir Kapoor
Art Unit	2661
Examiner Name	Robert W. Wilson
Attorney Docket Number	11722US02

U.S. PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
	A-1	US- 5,260,968	11-09-1993	Gardner et al.	
	A-2	US- 5,726,978	03-10-1998	Fordigh et al.	
	A-3	US- 5,771,024	06-23-1998	Reece et al.	
	A-4	US- 5,784,363	07-21-1998	Engstrom et al.	
	A-5	US- 5,844,951	12-01-1998	Proakis et al.	
	A-6	US- 5,933,421	08-03-1999	Alamouti et al.	
	A-7	US- 5,983,078	11-09-1999	Bossard	
	A-8	US- 6,075,777	06-13-2000	Agrawal et al.	
	A-9	US- 6,122,260	09-19-2000	Liu et al.	
	A-10	US- 6,148,023	11-14-2000	Pelin et al.	
	A-11	US- 6,347,234	02-12-2002	Scherzer	
	A-12	US- 6,347,237	02-12-2002	Eden et al.	
	A-13	US- 6,466,557	10-15-2002	Doi	
	A-14	US- 6,999,772	02-14-2006	Song et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.